

Health Care Safety Net Administration

STRATEGIC PLAN 2002 - 2003

Health Care Reform Initiative

*“Increasing Access
Assuring Quality and
Improving Health Outcomes”*

James A. Buford
Acting Director
Department of Health

Anthony Williams
Mayor
District of Columbia

**HEALTH CARE SAFETY NET ADMINISTRATION
STRATEGIC PLANNING COMMITTEE**

**FOR QUESTIONS, OR INFORMATION
CONCERNING THE STRATEGIC PLAN
CONTACT:**

**BRENDA L. THOMPSON, M.P.A., DIRECTOR
HEALTH CARE SAFETY NET ADMINISTRATION
EMAIL: BRENDA.THOMPSON @ DC.GOV
PHONE: (202) 442-5961**

**CYNTHIA SMITH, RN, JD
CONSULTANT
WILLIAM MERCER, INC.,**

**ASHISH ABRAHAM, M.D.
CONSULTANT
WILLIAM MERCER, INC.,**

**GLORIA J. EVANS
ADMINISTRATIVE SPECIALIST
HEALTH CARE SAFETY NET ADMINISTRATION**

TABLE OF CONTENTS

SECTION 1: INTRODUCTION.....	4
SECTION 2: IDENTITY OF THE HCSNA.....	5
I. MISSION, VISION, VALUES, AND MANDATES STATEMENT	
II. KEY SUCCESS FACTORS	
SECTION 3: PRELIMINARY PLANNING STEPS.....	10
I RELATIONSHIPS WITH KEY STAKEHOLDERS	
II. EXTERNAL AND INTERNAL ENVIRONMENTAL ANALYSIS	
III. STRATEGIC ISSUES AND GOALS	
SECTION 4: STRATEGIES AND PLANS FOR MANAGEMENT.....	15
SECTION 5: CONCLUSION.....	33

HCSNA 02-03 Strategic Plan

“Increasing Access, Assuring Quality and Improving Health Outcomes”

Introduction

Over the past decade, removing the barriers to primary and preventative health care for the uninsured residents of the District of Columbia has been a major goal for City leadership. The challenge of providing health care access, in the face of increasing financial constraints, was the prime driver for the development of a safety net system that included an appropriate provider network to manage the major health conditions that persist in the District.¹ Creation of a privatized, integrated patient care model that focused on an efficient, community-based care system became the heart of the DC Healthcare Alliance (DCHCA) and the vehicle to meet healthcare needs of this uninsured population.

In the past decade, several large urban centers have moved to privatized forms of alternative programs for supporting and managing care for the uninsured.² While the previous forms of public and private alliances have been structured somewhat differently than the DCHCA, the intent to shift care from an urgent setting to community health centers is a common feature shared by these public-private partnerships and the DCHCA. Lessons learned from these centers, as well as knowledge gleaned from many years of serving the uninsured in the District, have informed the strategic planning for the oversight of the Health Care Safety Net Administration (HCSNA).

The HCSNA Strategic Planning Committee (SPC) has defined the internal infrastructure and identified internal program components through a series of strategic planning sessions. The SPC has determined the role and identity of the HCSNA, as well as the preliminary planning necessary to achieve the HCSNA's strategic goals. Development of core performance measures for the DCHCA is the next step and will be guided by a patient-centered care model that addresses disparities in access and emphasizes the importance of cultural sensitivity in providing cost-efficient services. A monitoring process for assuring performance is also part of the strategic development and will be designed as part of this process.

¹ The District of Columbia Healthy People 2010 Plan. A Strategy for Better Health. Government of the District of Columbia, September 2000.

² Bovbjerg, Randall R., Jill A. Marsteller, and Frank C. Ullman. 2000. Health Care for the Poor and Uninsured after a Public Hospitals Closure or Conversion. Washington D.C.: The Urban Institute. Assessing the New Federalism Occasional Paper. September.

HCSNA 02-03 Strategic Plan

“Increasing Access, Assuring Quality and Improving Health Outcomes”

Identity of the Health Care Safety Net Administration

I. Mission, Vision, Values and Mandates Statement

A. Mission Statement

“The mission of the Health Care Safety Net Administration is to ensure that eligible uninsured residents of the District of Columbia are provided open access to condition appropriate, quality health care with an emphasis on disease prevention and community-based primary care through an integrated, cost-efficient, and culturally appropriate system.”

B. Values Statement

HCSNA activities and functions will be guided by the following set of core values:

- **Equity:** We recognize that all individuals, whether they may be co-workers or the customers we serve, are important and should be treated with respect, dignity and fairness, especially with regard to the provision of healthcare services.
- **Quality:** We commit ourselves to the pursuit of excellence in everything we do and will hold the contractor, broader healthcare community and ourselves accountable for improving the quality of healthcare and other related services that we provide.
- **Cultural Sensitivity:** We celebrate our cultural diversity and individual uniqueness and commit ourselves to be responsive and sensitive to the needs and preferences of all those we serve.
- **Integrity:** We believe that honesty and fairness is the foundation for public trust and this will be demonstrated in all our activities, at all times.
- **Fiscal Responsibility:** We support the prudent fiscal management of resources and will hold ourselves responsible for the efficient use of

existing resources to maximize the quality and cost-effectiveness of our programs.

- **Reliable Information & Reporting:** We recognize the importance of valid, reliable and timely information as the cornerstone of effective management and will seek to obtain and disseminate regular, accurate reports to the community and community stakeholders.
- **Community Collaboration:** We believe in the sharing of knowledge and expertise to achieve our goals and will strive to collaborate with community stakeholders to complement each other's contributions and create an environment of mutual support and respect.
- **Communication:** We believe in the importance of the distribution of information to and among providers, members, and our stakeholders in a coordinated and efficient manner to eliminate barriers to care and promote access to services.

C. Vision Statement

The HCSNA vision statement combines aspects of both its mission and its values. Increased access, quality care and improved health outcomes are fundamental components of the program. The vision serves as the basis upon which DCHCA performance will be measured.

The vision of the HCSNA is embodied in the statement:

“Increasing Access, assuring quality and improving health outcomes for the eligible uninsured in the District of Columbia”

D. Authorizing Orders and Mandates:

The Health Care Safety Net Administration (HCSNA) is the cornerstone of the DC Health Services Reform (HSR) Initiative. The HCSNA was formed and began functioning on May 1, 2001. The Health Care Privatization Act of 2001 created the foundation for the mandated functions of the HCSNA and its oversight of the DCHCA.

The duties of the HCSNA are listed below as they appear in the Health Care Privatization Act of 2001. The functions of the Health Services Reform Commission are also identified below.

The Health Care Privatization Act of 2001³

Sec. 3. Health Care Safety Net Administration establishment.

³ Public Law 104-8, 207 – “Health Care Privatization Amendment Act of 2001”

- (a) There is established within the Department of Health, a Health Care Safety Net Administration to administer and monitor compliance with any contract that the Mayor makes, pursuant to section 7, or that the District of Columbia Financial Responsibility Management Assistance Authority makes, with a health care entity to provide any of the health care functions provided by the Public Benefit Corporation pursuant to the Health and Hospitals Public Benefit Corporation Act of 1996, effective April 9, 1997 (D.C. 11-212: D.C. Code § 32-262.7(a)), and to perform such other functions as are set forth herein.
- (b) The Health Care Safety Net Administration shall be responsible for all transition activities resulting from contracting out the functions of the Public Benefit Corporation (PBC) and that remain to be completed after abolition of the Public Benefit Corporation pursuant to section 9, including the following:
 - (1) Termination and wind down of existing contracts of the PBC;
 - (2) Completion of administrative proceedings and court litigation previously handled by the Office of the General Counsel of the PBC or by private counsel retained by the Public Benefit Corporation;
 - (3) Coordination of court litigation involving the PBC that is being handled by the Office of the Corporation Counsel;
 - (4) Arrangement of outstanding claims against the PBC; and
 - (5) Arrangement for payment of lawful obligations of the PBC that are assumed by the District of Columbia pursuant to section 5.

The Health Care Safety Net Administration shall exercise oversight of the services contracted by the Mayor, pursuant to section 7, or by the District of Columbia Financial Responsibility and Management Assistance Authority, to ensure that the health of the population is maintained and that the financial viability of the health care entity providing services exempted pursuant to section 8 is addressed.

A commission to oversee the implementation and operation of the HSR initiative was also created. The Mayoral Order establishing the Health Services Reform Commission was issued on May 16, 2001. While its primary function was to monitor the transition implementation and operation of the HSR, the commission also serves as a collaborative and advisory body for the HCSNA.

Mayor's Order 2001-74 Section 422(2) of the District of Columbia Home Rule Act, as amended, 87 Stat. 790, Pub. L. No. 93-198, D.C. Code § 1-242(2)(1999 Repl.)

Purpose:

The purpose of the Commission is to monitor the transition implementation and operation of the Health Safety Reform (HSR). The Commission shall advise the Mayor of the District of Columbia, and the Chief Health Officer of the District of Columbia (Chief Health Officer), on the progress and emerging challenges as the reform of the District's healthcare delivery system unfolds.

Functions:

The Commission shall:

- a. Examine best practices, strategies for system oversight and evaluation, and effective communications;
- b. Advise the Mayor on city efforts to ensure cultural sensitivity and overall clinical efficiency within the District's health system;
- c. Assist the Mayor, the Department of Health (DOH), and the Chief Health Officer in the research and identification of effective health system transition strategies;
- d. Advise the Mayor, DOH and the Chief Health Officer on the HSR implementation plan, action steps and timing;
- e. Provide community perspective on the healthcare safety net reform and operation of the Healthcare Safety-Net Administration;
- f. Aid the Mayor and DOH in public health education effort; to inform the community about the District's new healthcare safety net;
- g. Assist the Mayor and DOH in promoting interagency and intersectorial collaboration within the District, and among the District, federal agencies, and other relevant entities including community members; and
- h. Prepare and disseminate reports, at least every 6 months, on the status and outcomes of the District's Health Services Reform efforts and the DC Healthcare Alliance.

II. Key Success Factors

The core characteristic of the HCSNA is provision of patient-centered care that ensures a seamless transition of patients from one care setting to another. The goal of the patient-centered care model is to re-direct

patients from urgent care settings to the primary care community-based environment as appropriate, with a focus on prevention and early treatment. All other elements of the program serve to enhance and support this model of care delivery.

The Strategic Planning Committee (SPC) conducted an in-depth analysis of the issues facing the HCSNA, including an evaluation of other safety net health care delivery systems and their concerns. Several critical factors that will contribute to the HCSNA's success were identified in this analysis. Those features required for maintenance and improvement of overall health status and management of community and stakeholder interests were determined to be critical. These include:

- A Patient-Centered Integrated Care Model comprised of:
 - An Integrated Information System (IS) model to support data availability;
 - An Integrated Quality Care Model to identify best practices;
 - An Integrated Operational Model to assure administrative efficiency and accuracy; and
 - A Customer and Provider Service Model to maintain patient approval and provider support
- A system for auditing and validating contractual requirements;
- A process for compiling results and monitoring performance;
- Adequate and appropriate stakeholder management;
- Appropriate resource levels and skill sets – i.e., staffing; and
- Access to information through:
 - A data warehouse for use in program reporting and results modeling; and
 - Electronic interfaces to DCHCA information system;

Patient-centered care is the service delivery model that the DCHCA strives to create. Delivery of care through this model and the quality of the services provided are the areas of performance HCSNA will measure. Integrated IS, quality care, operations, and customer/provider service models are the systems that support the patient-centered care model and are the focus of performance measurement.

HCSNA 02- 03 Strategic Plan

“Increasing Access, Assuring Quality and Improving Health Outcomes”

Preliminary Planning Steps

I. Relationships with Key Stakeholders – Current and Proposed

Stakeholder satisfaction is the major determinant for success in the public and nonprofit sectors. DCHCA has both internal and external stakeholders. We define an internal or external stakeholder as any person or group inside or outside the organization who can make a claim on the organization’s attention, resources, or output, or who is affected by the organization’s production. It is crucial that a public program be acquainted with its stakeholders, the criteria by which they judge the organization, and how the organization performs against those criteria.

The SPC recognizes that relationships with internal and external stakeholders must be nurtured in order for the HCSNA to survive in the years ahead. Our stakeholders are important and we value and encourage collaborative and communicative relationships. Because of this, the HCSNA conducted a stakeholder analysis to identify their criteria for evaluating the performance of the HCSNA. Some of the responses that we received are listed below.

Stakeholders suggested that the HCSNA be evaluated by our:

- Ability to successfully monitor and oversee contract performance;
- Ability to provide credible reports regarding DCHCA performance to stakeholders and the community at large;
- Ability to assure that the service use is directly linked to health outcomes;
- Ability to understand and recognize that patient compliance and patient appropriateness are critical links between the use of services and desired outcomes, and to oversee programs designed to facilitate these linkages; and
- Ability to assure the elimination of structural, financial, or personal barriers that affect the timely use of services.

The complete results of this analysis are not included in this report; however, the responses will assist us in developing our strategic goals and performance measures.

II. External and Internal Environmental Analysis

To respond effectively to changes in the environment, the HCSNA must understand its external and internal contexts so that it can develop effective strategies to link them together. Every successful strategy builds on strengths and takes advantage of opportunities, while it overcomes or minimizes the effects of weaknesses and threats. The Strategic Planning Committee (SPC) assessed the social, cultural and political environment surrounding the HCSNA in order to prepare the HCSNA to respond proactively to stresses and threats. However, any effective response to threats and opportunities must be based on an intimate knowledge of the organization's strengths and weaknesses.

The SPC developed the following list of internal strengths and weaknesses, and external opportunities and threats to provide us with valuable clues about the probable contours of effective strategies.

Internal strengths⁴ The SPC identified the following categories of strengths that HCSNA can build upon:

- Leadership and Staff – Strong Commitment, Motivation and Skills;
- Established legal and financial infrastructure; and
- A proven community need.

These strengths comprise the nucleus of the HCSNA, and include the reason for its existence.

Internal weaknesses⁵ The Strategic Planning Committee identified several weaknesses that need to be addressed through sustained and targeted interventions. Some of the areas that deserve immediate attention and resolution include:

- Limited staffing resources;
- Lack of sustained marketing efforts to address negative media exposure;

⁴ Internal strengths are resources or capabilities that help an organization accomplish its mandates or mission.

⁵ Internal weaknesses are deficiencies in resources and capabilities that hinder an organization's ability to accomplish its mandate or mission.

- Limited availability of audited data; and
- Inconsistent information on DCHCA performance.

The framework established in the strategic plan will address these challenges.

External opportunities⁶ The Strategic Planning Committee identified the following opportunities that exist for the HCSNA:

- Pioneer the creation of a public/private enterprise that provides health care services to the uninsured;
- Improve access to primary and specialty health care;
- Reduce structural, financial and personal obstacles to health care;
- Provide an emphasis on preventative and primary care while ensuring the availability and appropriate use of Emergency and Trauma Services;
- Create a quality, cost-effective, neighborhood-based Public Health network;
- Develop a unique knowledge base that will help us improve and manage health care outcomes and determine best practices;
- Generate a single, efficient message that identifies the DCHCA as the provider of choice for the uninsured in the District of Columbia;
- Ensure enrollment in appropriate programs to maximize DCHCA funding; and
- Identify fraud and abuse.

These issues are also included in our strategic planning, as outlined in Section 4 below.

III. Strategic Issues and Goals

A strategic issue is defined as a fundamental policy question or challenge affecting an organization's mandates, mission, and values; product or service level and mix; clients, users, or payers; or costs, financing, structure or management. The SPC developed a list of critical issues based on the organization's mandates, mission, vision, stakeholder analysis, external and internal environmental analysis, and issues brought forth by the organization's leadership.

⁶ External opportunities are outside factors or situations that can affect your organization in a favorable way.

The following “Strategic Issue Agenda” was developed from this process. The issue questions have been converted into statements and have not been prioritized.

HCSNA Strategic Issue Agenda

- Develop an integrated and coordinated Information Communication System;
- Ensure patient access to providers;
- Complete the close-out of DC General Hospital;
- Communicate mission, vision and values to the public;
- Ensure continuity and coordination of care across all Alliance entities;
- Ensure contract enforcement and contract compliance;
- Perform regular contract audits;
- Incorporate and provide technical assistance to the Alliance partners;
- Populate the data warehouse and provide critical data to our stakeholders;
- Ensure enrollment of eligible DC citizens;
- Determine the number of uninsured as our target population;
- Coordinate our efforts with those of the Health Care Reform Commission;
- Ensure continued improvement of quality of health;
- Ensure that a capital expenditure plan is in place to serve the needs of the community and ensure access to care;
- Ensure provider satisfaction;
- Ensure patient satisfaction;
- Ensure appropriate resource levels;
- Manage program stakeholders; and
- Establish cultural competency.

Each of the above-mentioned strategic issues has been categorized under one of the following Strategic Goals. The Strategic Goals provide the overall framework for strategy development.

Six Strategic Goals

- **Oversight and Monitoring:** Create the infrastructure and capacity to function as an oversight and monitoring body for the Health Care Reform Initiative, separate and distinct from any other department, organization, committee or provider role.

- **Patient-centered Care Model:** Build a reliable system of care that provides for open access to condition-appropriate, quality health care with an emphasis on disease prevention and community-based primary care through an integrated, cost-efficient, and culturally appropriate network.
- **Integrated Information System:** Build an information technology, data gathering, data storage and retrieval system that is founded on the cornerstones of patient-centeredness, integration and efficiency; and produces concise information that is time sensitive, accurate, and user friendly, and that ultimately supports the quality health care system.
- **Communication:** Create a communication network that builds strong partnerships, creates a culture of accountability, and builds on the principles of quality, openness, honesty, fairness, consistency, and accuracy between the HCSNA, Office of the Mayor, City Council, Health Care Reform Commission, Customers, Providers, and the Public, meeting and exceeding stakeholder expectations and rewarding exceptional performance.
- **Finance and Utilization:** Build a financial and utilization management system that ensures that maximizes financial and other resources to meet consumer and provider needs while making sure that funds are spent in the most cost-efficient and effective manner.
- **DC General Hospital Transition:** Ensure that the remaining transition and closeout activities of DC General Hospital are completed to reduce ongoing operational and maintenance expenses of the hospital.

Each of the six Strategic Goals is further developed in the next chapter, including the identification of sub-goals, objectives, timeframes and responsible parties for completion.

HCSNA 02 -03 Strategic Plan

“Increasing Access, Assuring Quality and Improving Health Outcomes”

Strategies and Plans for Management

Strategic Goal 1 - Oversight and Monitoring:

Create the infrastructure and capacity to function as an oversight and monitoring body for the Health Care Reform Initiative, separate and distinct from any other department, organization, committee, or provider role.

Sub-Goal 1: Create appropriate staffing and skill levels to meet the demands of oversight and monitoring for the health care reform initiative.

Assigned to: Deputy Director

Due Date: 5/30/02

Objective 1: Develop core competencies for all positions and revise position descriptions to reflect these; ensure timely posting by DC Office of Personnel for hiring the following staff by completing internal paperwork within specified timeframes:

Deputy Director – by: 2/15/02

Functions as the chief advisor to the Director of the Department of Health, Chief Operating Officer and the Executive Office of the Mayor on matters of health policy and financing of health care services to individuals who are uninsured and underinsured in the District of Columbia. Primary responsibilities include oversight of the D.C. Health Care Alliance Program and Contractor valued at 75 million annually.

Operations Manager – by: 2/01/02

Direct day-to-day administrative operations of HCSNA in conjunction with Deputy Director. Supervise professional and support staff for completion of program goals and objectives. Assist in development of strategic plan. Monitor progress towards goal completion. Ensures goals are accomplished through appropriate staff assignments. Assist in the development and implementation

of performance measurement system for the HCSNA and Alliance contract. Monitors metrics to ensure target is reached. Makes adjustments to measures as program matures.

Safety Net Systems Manager – by: 4/01/02

Responsible for oversight, technical support, and contract enforcement of the operational, utilization, community care, informational, and reporting processes performed by the District of Columbia Health Care Alliance (DCHCA), which are necessary to produce a patient-centered model of care and access to the program.

Administrative Specialist – by: 1/25/02

Primarily serves as Assistant to the Director /Administrator on a variety of matters concerning the scope of the Health Care Safety Net Administration by acquiring information on which actions or recommendations can be made.

Administrative Coordinator – by: 1/25/02

Serve as liaison between HCSNA and Vendor's staff ensuring that various data is received in timely manner. Establishes and maintains working relationships with appropriate individuals within the Department of Health. Responsible for monitoring timely receipt of invoices and reports received weekly and monthly from Vendor's, such as, weekly enrollment report, monthly invoices and produces material for key stakeholders.

Special Assistant – by: 4/1/02

Primarily serves as Special Assistant to the Health Care Safety Net Administration in an operational capacity, performing routine and recurring administrative and program duties. Assist in policy and procedure development. Develops written responses to incoming correspondence for the Deputy Director, and other managers as necessary. Assists in tracking performance measures for the HCSNA. Assists in tracking progress towards meeting goals as outlined in HCSNA Strategic Plan.

Clinical Manager – by: 4/01/02

Responsible for supporting, coordinating, monitoring and evaluating quality of healthcare services provided through the DC Healthcare Alliance. Responsible for monitoring the quality and cost-effectiveness of services provided by the Alliance and to assess, analyze, and develop actionable reports on an established and ad hoc basis.

Develops strategies for improving the quality of and access to care provided to the uninsured population through the Alliance and will support the collaborative participation of all key stakeholders in quality improvement activities.

Medical Records Custodian – by: 4/15/02

Responsible for the development and implementation of a process for the storage and retrieval of medial, radiology, laboratory and other health services related records. Ensures timely release of information to providers, the court system and other requestors of information.

Community Relations Specialist – by: 3/01/02

Responsible for building strong partnerships between the HCSNA, customers, providers, stakeholders and the general public. Build collaborative relationships with stakeholder groups. Ensures the development of an effective culturally appropriate marketing strategy. Develops opportunity for community input on the development, implementation and evaluation of the Health Reform Services Initiative.

Reporting Analyst – by: 4/01/02

This employee is responsible for managing, coordinating, receiving and analyzing the contractually required management reports from the DCHA vendor panel. This includes identifying the appropriate information and the format for display, reviewing the reports for accuracy, identifying reporting deficiencies for management action, trouble-shooting reporting issues and providing analysis of operational outcomes and issues.

Objective 2: Develop performance standards and evaluation criteria for staff.

Assigned to: Deputy Director

Due Date: 6/01/02

Objective 3: Identify appropriate resources and processes for staff development to meet the challenges of the Health Reform Initiative.

Assigned to: Deputy Director/Operations Manager Due Date: 6/1/02

Sub-Goal 2: Create a comprehensive monitoring system for contract compliance and corrective action.

Assigned to: Deputy Director/Administrative Coordinator Due Date: 7/1/02

Objective 1: Identify a comprehensive list of all contractually required deliverables.

Assigned to: Deputy Director/Administrative Coordinator

Due Date: 3/15/02

Objective 2: Develop an automated tracking system and forms for corrective actions to ensure timely response from contractor.

Assigned to: Administrative Coordinator; Due Date: 02/22/02

Objective 3: Develop the necessary multi-part forms to communicate corrective action.

Assigned to: Deputy Director/Administrative Coordinator

Due Date: 3/15/02

Objective 4: Develop and Implement Evaluation Process:

Assigned to: Operations Manager Due Date: 7/1/02

Objective 5: Implement system of corrective action.

Assigned to: Operations Manager Due Date: 3/15/02

Objective 6: Define a system for penalty vs. rewards on contract compliance.

Assigned to: Operations Manager Due Date: 7/1/02

Objective 7: Implement the monitoring system through ongoing tracking of contract compliance issues, and seek address of these issues by the Alliance partners through use of the above-mentioned tools.

Assigned to: Operations Manager Task Dates: 4/01/02 – 4/01/03

Objective 8: Reassess HCSNA monitoring system and tools to identify opportunities for improvement and make necessary modifications

Assigned to: Operations Manager Task Dates: 4/01/03 – 5/01/03

Sub-Goal 3: Develop planning and policy-making capacity that assures appropriate and adequate creation of a health care service delivery system for the eligible uninsured of the District of Columbia.

Assigned to: Operation Manager/Systems Manager Due Date: 10/31/02

Objective 1: Determine the universe of eligible uninsured within the Washington, D.C. population.

Assigned to: Deputy Director/Operations Manager/Systems Manager
Due Date: 04/15/03

Objective 2: Develop database of eligible uninsured that is linked to the Alliance population.

Assigned to: Systems Manager Due Date: 08/01/02

Objective 3: Develop mechanism to obtain infrastructure for DCHCA & NPCC.

Assigned to: Operations Manager Due Date: 06/01/02

Objective 4: Assure partners and other contracted partners have roles and plans consistent with HCSNA Strategic Plan

Assigned to: Operations Manager/Systems Manager

Due Date: 10/31/02

Sub-Goal 4: Establish and design the implementation of a Comprehensive Performance Measurement and Quality Improvement System for the Alliance contract.

Assigned to: Deputy Director Due Date: 07/01/02

Objective 1: Compile list of all contractually required performance measures.

Assigned to: Deputy Director Due Date: 3/15/02

Objective 2: Develop conceptual framework for performance measurement and improvement system.

Assigned to: Deputy Director Due Date: 3/15/02

Objective 3: Research performance measures used in other health service systems and access all relevant factors for comparability.

Assigned to Operations Manager. Due Date: 6/1/02 – 6/1/03

Objective 4: Develop Phase I performance measures that depict levels of service.

Assigned to Operations Manager

Due Date: 3/15/02

Objective 5: Develop Phase II measures that depict improvement over phase I measures.

Assigned to: Operations Manager

Due Date: 2/15/03

Objective 6: Develop performance measurement reports for public use and distribution.

Assigned to: Operations Manager

Due Date: 7/1/02

Sub-Goal 5: Establish Operational Oversight Committee and Subcommittees to serve as a vehicle for information dissemination and oversight purposes of the DCHCA contract.

Assigned to: Deputy Director

Due Date: 02/15/02

Objective 1: Establish framework for committee and subcommittee structure with appropriate chairs, roles and responsibilities, and committee purposes.

Assigned to: Deputy Director

Due Date: 02/15/02

Sub-Goal 6: Develop Technical Assistance Components for DCHCA vendors to meet the challenges of the health care reform initiative.

Assigned to: Deputy Director/Operations Manager/Systems Manager
Due Date: 8/1/02

Sub-Goal: 7: Develop a HCSNA Business Plan for 2003 to 2005.

Assigned to: Deputy Director/Operations Manager/Systems Manager

Due Date: 11/15/02

Objective 1: Update strategic plan

Assigned to: Deputy Director/Operations Manager/Systems Manager

Due Date: 11/15/02

Objective 2: Review all contract deliverables, studies, MOE, Reconciliation, etc, to determine service utilization for contract modifications and system modifications including policy and procedure changes.

Assigned to: Deputy Director/Operations Manager/Systems Manager
Due Date: 6/1/02

Objective 3: Link strategic plan to specific utilization and financial performance goals

Assigned to: Deputy Director/Operations Manager/Systems Manager
Due Date: 6/1/02

Strategic Goal 2 – Patient-centered Model of Care:

Build a reliable system of care that provides for open access to condition-appropriate, quality health care with an emphasis on disease prevention and community-based primary care through an integrated, cost-efficient, and culturally appropriate network.

Sub-Goal 1: To ensure the appropriate infrastructure and resource allocations for a seamless patient-centered system of care.

Assigned to: Deputy Director/Operations Manager/Systems Manager

Due Date: 8/1/02

Objective 1 – Integrated care model outlining clear processes involved in the seamless transition of patients through the Alliance system, and clear roles of each partner, will be developed.

Assigned to: Deputy Director/Operations Manager/Systems Manager

Due Date: 2/15/02

Objective 2 – Methodology for centralized scheduling will be identified and a workplan established.

Assigned to: Deputy Director/Operations Manager/Systems Manager
Due Date: 6/1/02

Objective 3 – Coordinated Referral and Discharge Coordination Plan will be identified and a workplan established.

Assigned to: Deputy Director/Operations Manager/Systems Manager
Due Date: 6/1/02

Objective 4 – System-wide coordinated care management program involving all DCHCA partners, will be initiated.

Assigned to: Deputy Director/Operations Manager/Systems Manager
Due Date: 6/1/02

Objective 5 – Adequate-staffing levels through out the DCHCA will be identified and a workplan established.

Assigned to Systems Manager

Due Date: 8/1/02

Sub-Goal 2: To ensure the establishment and on-going operation of a system for care service quality assurance and improvement.

Assigned to: Clinical Manager

Due Date: 9/15/03

Objective 1 – By 2/01/02, establish a DCHCA-wide forum for sharing quality of care issues and identifying potential solutions.

Assigned to: Clinical Manager

Due Date: 2/01/02

Objective 2 – By 3/30/02 key performance measures of quality of care would be identified.

Assigned to: Clinical Manager

Due Date: 3/30/02

Objective 3 – By 09/15/02 year one, baseline results for the selected performance measures would be compiled.

Assigned to: Clinical Manager

Due Date: 9/15/02

Objective 4 – By 09/15/02 performance thresholds and benchmarks for the selected performance measures would be developed,

Assigned to: Clinical Manager

Due Date: 9/15/02

Objective 5 – By 10/01/02 strategies for quality improvement in targeted areas would be identified and implemented.

Assigned to: Clinical Manager

Due Date: 10/01/02

Objective 6 – By 2/15/03 additional phase II quality measures would be selected based on year two priorities and identified quality concerns.

Assigned to: Clinical Manager

Due Date: 2/15/03

Objective 7 – By 09/15/03 year two results for the selected performance measures would be compiled.

Assigned to: Clinical Manager

Due Date: 09/15/03

Sub-Goal 3: To assure the adequacy of the network of providers with regard to patient access to the entire spectrum of contractually mandated care services.

Assigned to: Clinical Manager

Due Date: 8/1/02

Objective 1 – System for tracking and mapping the provider network will be identified.

Assigned to: Clinical Manager

Due Date: 6/1/02

Objective 2 – Access to care standards, specific to the Alliance program would be developed.

Assigned to: Clinical Manager

Due Date: 6/1/02

Objective 3 – Strategies would be implemented to improve access in the areas of deficiency.

Assigned to: Clinical Manager

Due Date: 8/1/02

Sub-Goal 4:

To assure that the care services provided across the system are culturally appropriate and translate into a satisfactory care experience for the patients.

Assigned to: Deputy Director/Operations Manager/Clinical Manager

Due Date: 10/15/03

Objective 1 – Measures for cultural appropriateness and patient satisfaction would be identified and the appropriate system for measurement instituted.

Assigned to: Deputy Director/Operations Manager/Clinical Manager

Due Date: 7/1/02

Objective 2 – Results for the baseline year would be compiled through the established measurement methodology.

Assigned to: Deputy Director/Operations Manager/Clinical Manager

Due Date: 9/1/02

Objective 3 – Strategies would be implemented to improve cultural competency in the areas of deficiency.

Assigned to: Clinical Manager

Due Date: 10/15/02

Objective 4 – Re-measurement and re-mapping of the Alliance provider network would be completed to identify effectiveness of improvement strategies

Assigned to: Clinical Manager

Due Date: 10/15/03

Strategic Goal 3 - Integrated Information System:

Build an information technology, data gathering, data storage and retrieval system that has a foundation based on the cornerstones of patient-centered care, integration and efficiency; and produces concise information that is time sensitive, accurate, and user-friendly and one that ultimately supports the quality health care system.

Assigned to: Systems Manager

Due Date: 12/31/02

Sub Goal 1: Ensure that the DCHCA implements and operates an integrated information system that supports the critical elements of patient-centered care.

Assigned to: Systems Manager

Due Date: 9/15/02

Objective 1: Determine the gaps in the integrated information system.

Assigned to: Systems Manager

Due Date: 2/20/02

Objective 2: Ensure that electronic interfaces are established between the key HCSNA partners and providers with regard to enrollment and eligibility data or a workplan is defined and in place to achieve this status.

Assigned to: Systems Manager

Due Date: 3/19/02

Objective 3: Ensure that electronic interfaces are established between the key DCHCA partners with regard to claims submission, or a workplan is defined and in place to achieve this status.

Assigned to: Systems Manager

Due Date: 3/19/02

Objective 4: Ensure that integrated utilization reports are produced in the required format with the required content or a workplan is defined and in place to achieve this status.

Assigned to: Systems Manager

Due Date: 4/15/02

Objective 5: By June 30, 2002 ensure that electronic patient records are available or a workplan is defined and in place to achieve this status.

Assigned to: Systems Manager

Due Date: 6/30/02

Sub-Goal 2: Create a method for the HCSNA to have continuous access to the integrated DCHCA information system,

Assigned to: Systems Manager

Due Date: 6/30/02

Objective 1: The HCSNA will have access to the integrated information system or a workplan will be defined and in place to achieve this status.

Assigned to: Systems Manager

Due Date: 6/30/02

Sub-Goal 3: Develop a data warehouse to collect data from all DCHCA partners to inform and support the program.

Assigned to: Systems Manager

Due Date: 8/15/02

Objective 1: Create a process and medium by which to receive monthly data files from the DCHCA partners.

Assigned to: Systems Manager

Due Date: 3/15/02

Objective 2: Create a system and selection of reports to be developed both routinely and ad hoc from the data warehouse.

Assigned to: Systems Manager

Due Date: 3/15/02

Objective 3: Determine the process, training plan and budget to migrate the database to the DOH.

Assigned to: Systems Manager

Due Date: 6/1/02

Objective 4: Develop a methodology with identified data sets to provide interface to other DOH record systems for quality measurement, benchmarking and fraud and abuse monitoring.

Assigned to: Systems Manager

Due Date: 8/15/02

Strategic Goal 4 – Communication:

Create a communication network that builds strong partnerships and creates a culture of accountability and builds on the principles of quality, openness, honesty, fairness, consistency, and accuracy between the Health Care Safety Net Administration, Office of the Mayor, City Council, Health Care Reform Commission, Customers, Providers, and the Public; meeting and exceeding stakeholder expectations and rewarding exceptional performance.

Sub-Goal 1: Build collaborative relationships with key stakeholder groups to identify expectations and to create a structure whereby these expectations can be met.

Assigned to: Deputy Director/Community Relations Specialist

Due Date: 11/1/02

Objective 1: Establish regular meeting schedules with all key stakeholder groups.

Assigned to: Deputy Director/Community Relations Specialist

Due Date: 7/1/02

Objective 2: Identify a framework for expectations from the stakeholders based on meetings and surveys, and develop a system by which status with regard to these expectations can be communicated.

Assigned to: Deputy Director/Community Relations Specialist

Due Date: 8/1/02

Sub-Goal 2: Communicate the change from the former DC General Hospital structure to the new integrated health care delivery system.

Objective 1: Work with other government agencies to communicate change (DC General routing of patients) i.e., Police, Fire, etc.

Assigned to: Deputy Director/Community Relations Specialist

Due Date: 06/01/02 & ongoing

Objective 2: Develop appropriate written material on HCSNA.

Assigned to: Deputy Director/Community Relations Specialist

Due Date: 06/01/02 & ongoing

Sub-Goal 3: Ensure the development of all effective, culturally appropriate marketing strategy that includes all providers of the network and all populations eligible for DCHCA but not enrolled.

Assigned to: Deputy Director/Community Relations Specialist.

Due Date: 8/1/02

Objective 1: Meet with Alliance to ensure marketing strategy meets all contractual requirements.

Sub-Goal 4: Develop opportunities for community input on the development, implementation and evaluation of the Health Reform Services Initiative.

Assigned to: Deputy Director/Community Relations Specialist

Due Date: 06/01/02

Objective 1: Develop process to obtain community input.

Assigned to: Deputy Director/Community Relations Specialist

Due Date: 06/01/02

Sub-Goal 5: Create strategy to inform all key stakeholders of important issues, progress on strategic plan, and progress on quality improvement and performance indicators.

Assigned to: Deputy Director/Community Relations Specialist

Due Date: 11/01/02

Objective 1: Develop process to disseminate information about progress of the program.

Objective 2: Implement the above-mentioned process to facilitate an ongoing and bilateral forum for information sharing and stakeholder collaboration.

Objective 3: Develop quarterly newsletter for Health Care Safety Net Administration, to include performance measures, spotlight providers, spotlight disease prevention measures, and report committee work, etc.

Objective 4: Develop annual report for the Health Care Safety Net Administration, to include financial statement, committee goals, and progress towards goals, etc.

Objective 5: Develop framework and timelines for Annual Safety Net Conference And Training Institute.

Assigned to: Deputy Director/Community Relations Specialist

Task Dates: 5/1/02 – 2/1/03

Objectives 3-5 are assigned to: Community Relations Specialist in conjunction with appropriate managers.

Task Dates: 6/1/02 (3); 11/1/02 (4); 7/1/02 (5).

Strategic Goal Area 5 - Finance and Utilization:

Build a financial and utilization management system that will ensure that financial and other resources are maximized to meet consumer and provider needs while ensuring that dollars are spent in the most cost-efficient and effective manner.

Sub-Goal 1: Create a performance-based budget and spending plan that accurately reflects current program expenditure and one that supports the HCSNA Strategic Plan.

Assigned to: Deputy Director/Fiscal Specialist

Due Date: 8/1/02

Sub-Goal 2: Create a utilization management plan that accurately reflects actual services used vs. services planned based on disease distribution within eligible population.

Assigned to: Deputy Director/Fiscal Specialist

Due Date: 08/01/02

Objective 1: Develop utilization management plan.

Assigned to: Deputy Director/Fiscal Specialist

Due Date: 08/01/02

Objective 2: Obtain disease trends within eligible population.

Assigned to: Deputy Director/Fiscal Specialist

Due Date: 08/01/02

Objective 3: Implement utilization management plan along with an appropriate system for ongoing evaluation of service utilization.

Assigned to: Deputy Director/Fiscal Specialist

Due Date: 08/01/02 – 08/01/03

Sub-Goal 3: Create a mechanism for determining actual health care services/claims submission vs. current monthly payments to contractor.

Assigned to: Deputy Director/Fiscal Specialist

Due Date: 04/01/02

Objective 1 – Review 6 month & (1) one year DCHCA reconciliation results and recommendations.

Assigned to: Deputy Director/Fiscal Specialist

Due Date: 4/30/02 and 8/31/02 (90 days after end of contract period)

Objective 2 – Determine areas for detailed payment analysis and create audit plan to ascertain validity of services billed.

Assigned to: Deputy Director/Fiscal Specialist

Due Date: 5/15/02

Objective 3 – Determine service deficiencies based on budgeted amounts for DCHCA development and the amount that was paid for services by category.

Assigned to: Deputy Director/Fiscal Specialist

Due Date: 6/15/02

Sub-Goal 4 – Develop and implement recommended changes to contract and benefits schedule based on results of above utilization, reconciliation results, and first year experience.

Assigned to: Deputy Director/DOH CFO/OCP

Due Date: 7/01/02 (90 days after reconciliation Report)

Objective 1: Assign Contract Negotiation Team

Assigned to: Deputy Director/DOH COO

Due Date: 3/15/02

Objective 2: Develop list of contract issues to be presented during negotiations

Assigned to: Deputy Director/DOH COO

Due Date: 4/1/02

Objective 3: Review Benchmarks and performance measures

Assigned to: Deputy Director/Operations Manager/Systems Manager

Due Date: 4/15/02

Objective 4: Review Utilization data and reconciliation reports

Assigned to: Deputy Director/Operations Manager/ Systems Manager

Due Date: 4/15/02

Objective 5: Develop contract renewal and modification language

Sub-Goal 5 – Re-measure service levels to assess the impact of recommended changes and make necessary revisions to the benefits schedule.

Assigned to: Deputy Director/Operations Manager/ Systems Manager

Due Date: 9/30/03

Strategic Goal Area 6 - D.C General Transition

Ensure that the remaining closeout and transition activities of DC General Hospital leaves in place and/or builds systems that will support the needs of the customers and providers of the DC Health Care Alliance.

Sub-Goal 1: Develop DOH team approach for closeout activities needed to close down non-operational sections of hospital and Reduction-In-Force.

Responsible: Deputy Director

Due Date 09/30/02

Objective 1 – Contract for project leader and select team members from DOH staff.

Assigned to: Deputy Director

Due Date: 01/30/02

Objective 2 – Develop accurate close out work plan

Assigned to: Deputy Director

Due Date: 02/28/02

Objective 3 – Develop RIF list and dates for RIF.

Assigned to: Deputy Director

Due Date: 03/7/02

Objective 4 –Determine the unbudgeted closeout tasks and expertise needed for workplan implementation

Assigned to: Deputy Director

Due Date: 09/30/02

Objective 5 - Determine the budget necessary to implement the close out work plan.

Assigned to: Deputy Director

Due Date: 09/30/02

Sub-Goal 2: Ensure that facility is adequate to support the needs of the program.

Objective 1 –Meet with GSCH COO to determine and/or coordinate Alliance facility needs.

Assigned to: Deputy Director

Due Date: 09/30/02

Objective 2 – Have all unoccupied areas of hospital closed off and utilities metered.

Assigned to: Deputy Director

Due Date: 09/30/02

Sub-Goal 3 – To be involved and support the Mayor's goals in establishing a health and science center on the grounds of D.C. General. Ensure future development of campus meets the needs of the community, and other key stakeholders.

Objective 1 – Determine the current development plans for the DC General campus as developed by Capital Improvement Planning group meeting.

Assigned to: Deputy Director

Due Date: 09/30/02

Objective 2 – Determine the needs of the community and other key stakeholders.

Assigned to: Deputy Director

Due Date: 09/30/02

Sub-Goal 4 – Assure that a permanent process is in place to ensure medical, radiology, and laboratory records are made available to providers and others requesting records.

Assigned to: Deputy Director

Due Date: 09/30/02

Objective 1 – Recruit 40-60 temporary staff for completing Medical Records closeout.

Assigned to: Deputy Director

Due Date: 09/30/02

Objective 2 – Records to be stored at Federal Records Center.

Assigned to: Deputy Director

Due Date: 09/30/02

Objective 3 – Hire and have trained a medical records custodian.

Assigned to: Deputy Director

Due Date: 09/30/02

Objective 4– Implement and maintain a system for ongoing medical records storage, upkeep and retrieval

Assigned to: Medical Records Custodian

Task Due: 10/30/02-10/30/03

HCSNA 02-03 Strategic Plan

“Increasing Access, Assuring Quality and Improving Health Outcomes”

Conclusion

Over the next two years, the HCSNA will coordinate with other organizations, government agencies, and stakeholders to accomplish the goals set out in this strategic plan. The plan represents a solid starting point for the creation of a health care service delivery system for the uninsured residents of the District of Columbia. Change is needed in the future and this endeavor holds great opportunities for positive impact on the health status of the most vulnerable within our population—the uninsured.

Because the new system of care is not adequately funded to cover all the uninsured within the district, the HCSNA intends to work with the Health Care Reform Commission to develop policy and establish appropriate funding levels. To accomplish this, we must first determine an unduplicated number of uninsured residents. The HCSNA has established a process to determine the total number of uninsured in the District. We are working with the DC Hospital Association and Non-Profit Clinic Consortium (NPCC) to develop this estimate. Information obtained from this process will be used to develop policies concerning the uninsured.

Our Strategic Plan further seeks to clearly define the roles and responsibilities of the HCSNA, and lays the foundation for critical oversight and monitoring activities for the DCHCA. While the Plan provides the framework for the long-term success of the HCSNA, it is understood that the next phase of this process will include establishing a detailed business plan that will translate strategic goals and objectives into a viable and sustainable operational plan. Some of the processes listed in this document, such as development of the monitoring and oversight manual and the performance measurement system, will be critical to the long-term success of the program as well as the HCSNA.

As noted, this plan represents a starting point. The dates included in this plan begin in 2002 with implementation ongoing through 2003. As we work to fine tune the new health care delivery system, determine the number of uninsured eligibles, and increase funding streams, we will continue efforts to achieve our ultimate goal—to increase access, assure quality and improve health outcomes for the uninsured residents of the District of Columbia.